



Bacteriological Analysis Sample Summary (Part 1)

PART 1 CAN BE USED IN ONE (1) OF TWO (2) WAYS

1. If the system has had no Total Coliform (TC) Positives samples for a compliance cycle or,
2. If the system wants to report those samples that were initial TC Absent and use Part 2 for the TC Present and all repeats.

S	C							

System Number

Lab State ID #

Note: This can be used for any system that does not have a total coliform positive.

DOES SYSTEM ADD DISINFECTION? ☐ YES ☐ NO

AVERAGE DISINFECTION RESIDUAL

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DESCRIPTION

SC followed by 7 digit system number

First day of month for monthly

First day of quarter if quarterly

First day of year if annual

of Initial Total Coliform Negative

M=Month; Q=Quarter; Y=Year

Number assigned by Lab Certification

AND/OR

Bacteriological Analysis Individual Samples (Part 2)

NOTE: This form would only be used for the initial routine (RT) TC or TC/FC Positive and the Repeats that are required by regulation.

PART 2 MUST BE USED FOR ALL TOTAL COLIFORM POSITIVES AND ALL ASSOCIATED REPEATS

S	C							

System Number

SC followed by 7 digit system number

Lab State ID #

Number assigned by Lab Certification

SAMPLE ID AND LOCATION	COLLECTION DATE (MMDDYYYY)	TYPE (RT or RP)	Lab Sample ID Number	Total Coliform A/P	Fecal (F) or E Coli (E) + If Present	Free/Total Chlorine Residual*
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						•
						•
						•
						•
						•
						•
						•
						•
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Explantion:

Collection Date (mmddyyyy) Date sample was collected
 Lab Sample # # assigned by lab for that particular sample
 Type (RT or RP) RT = Routine; RP = Repeat
 Sampling Point ID If lab has something that identifies site other than physical location
 Sampling Location Physical address where sample was collected from
 Total Coliform (A or P) Indicate with an "A" if absent or a "P" if present
 FC (F = FC + or E = Ecoli +) F = Fecal Coliform Positive; E = Ecoli Positive
 Total/Free Chlorine Residual Chlorine Residual Reading